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RELATIONSHIP BETWEEN THE SCHOOL NURSING  
EXPERIENCE OF THE YOUNG MAN UNQUALIFIED  
FOR MILITARY SERVICE AND HIS PRESENT  
STATUS OF HEALTH

by, Anna Miczo

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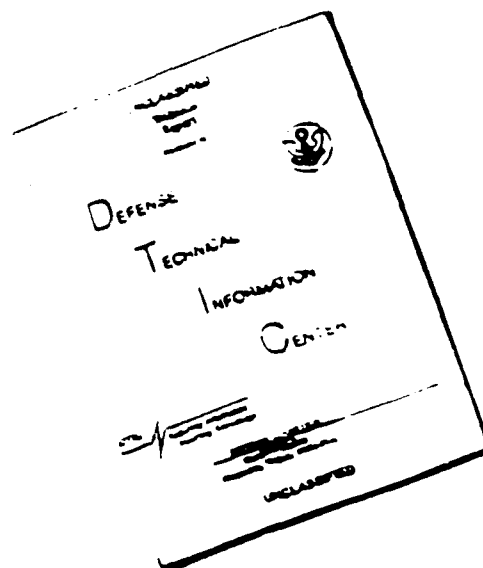


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RELATIONSHIP BETWEEN THE SCHOOL TRAINING  
EXPERIENCE OF THE YOUNG MEN ENROLLING  
FOR MILITARY SERVICE AND HIS PRESENT  
STATUS OF HEALTH

SUBMITTED ON THE SECOND DAY OF MAY, 1966

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FOR THE DEGREE OF

MASTER OF PUBLIC HEALTH

BY:

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## INTRODUCTION

"The foundation of every state is the education of our youth."

Diogenes

Are you aware of the fact that one out of every six young men is rejected for military service? Is our rising rate of rejectees partially due to ineffective health education and insufficient health nursing services? These young men, who have been found unqualified for military service, are either unaware of their problem, a victim of inadequate education and/or insufficient health services, or are unaware of the health services available. Their school health nursing experience may have been an important determinant in their present health status.

The report on young men found unqualified for military service by the President's Task Force on Manpower Conservation, January, 1964, stated that:

"One-third of all young men in the nation would be found unqualified if they were to be examined for induction into the Armed Forces. Of these about one-half would be rejected for medical reasons. The remainder would fail through inability to qualify on the mental test.

Although many persons are disqualified for defects that probably could not be avoided in the present state of knowledge, the majority appear to be victims of inadequate education and insufficient health services.

A nationwide survey carried out by the task force of persons who have recently failed the mental test,

2.

clearly demonstrates that a major proportion of these young men are the product of poverty. They have inherited their situation from their parents, and unless the cycle is broken, they will almost surely transmit it to their children.

A clear majority of persons failing the medical examinations need medical attention. Many do not know this, nor are they presently told so after failing the examination. Very few are now receiving treatment."(18)

The 88th Congress provided money for the United States Public Health Service to establish a counseling, referral, and follow-up program for youths who were medically rejected by the Armed Forces. Contracts have been made with individual states, the District of Columbia, and Puerto Rico to carry out this legislation. The first formal program was started in May, 1965. Each state governor designated a single state agency to provide referral and counseling services to persons rejected for medical reasons at the Armed Forces Examining Stations. In all but two states, state health departments or state rehabilitation agencies were designated to administer the program; the welfare department and the Office of Economic Opportunity were designated for the other two. In New Orleans the program began operation in August, 1965. Draftees and enlistees, found disqualified, were seen by the public health nurse at the Health Referral Service Office located within the examining center. The public health nurse obtained information from the disqualified men regarding care they may



have received for their conditions and/or whether or not they were under medical care at the present time for their conditions. At the same time, she urged the importance of seeking health care or continuing it if the men were receiving satisfactory care.

Is it possible that had these young men been given adequate health appraisals during their school years these deviations might have been noted and corrected?

The Tasks Force comment was, "Although most school systems now give youngsters medical and intelligence tests and attempt to follow up on those in need of treatment and assistance, a considerable number of young persons, as evidenced by the rejection rates for military service, manage to reach young adulthood with uncorrected deficiencies. Strengthened and improved medical and educational programs in the schools, which will, of necessity, be a longer term effort, should continue to be national goals toward which an increasing share of our economic and social resources must be directed.(18)

Cromwell stated that many health programs are found by screening tests and medical appraisals within the school health program; but what is done about the problems thus discovered is another question! Facilities, many times, are lacking; at times there are no medical facilities available for children in a community even during their preschool years.(4)

Perkins mentioned that in order to improve the health of school children we in the community need to be certain that we:

- "1. Appreciate the many factors in the child's growth and development process and are prepared to base our efforts toward improving them on a sound evaluation of each child.
2. See that a continuing and balanced evaluation process is provided from birth through adolescence which has as its objectives: prevention of illness and abnormalities; detection and correction of defects with appropriate modification of the child's living and learning patterns; evaluations of his physical, emotional, social, and intellectual potentials; and health goals for himself.
3. Use careful and complete evaluations of the child which are appropriate to his age level and are coordinated with other information available about him as the basis for appraising the procedures and programs we now use to achieve improvement in his health during school age years.
4. Include the child himself in the evaluation of himself, recognizing that our examples educate the child--for better or worse--whether we want them to or not.
5. Provide productive methods for communicating to all persons working with the child our knowledge about him as he progresses from one age period to another so that this knowledge can be used to the fullest extent to improve the child's total health."(17)

Various authors maintained that improving the health of the school child was the responsibility of parents, the family physician, the school principal, the classroom teacher, dentists, public health nurses and/or school nurses, health department, voluntary agencies, and other community agencies.(2, 5, 8, 22)

In other words, these writers were saying that caring for the health of school children should be teamwork--the responsibility

of the whole community.

Norton commented, "The primary responsibility for the education and health of the child should continue with the parents. Beyond that come in succession the community, the state and the federal government, as additional resources are needed--and as a general rule this fundamental order should not be reversed."(16)

Today the changing emphases in the school health program considers a better pupil health history provided by the parent, teacher case-finding, and more reliance on family physicians for children's health examinations, whenever a family's income permits. Another newer concept is that health examinations be done in a clinic where diagnostic services are available.(12)

A school health service was established in New Orleans in 1907, this being one of the first cities in the United States to have such a service. Its purpose at that time was to control communicable disease. Later on an examination service was added to discover "non-contagious" defects in children that would interfere with normal progress in school. In 1910, an oral hygiene service was added to the program, but it was not until 1913 that school nursing was added. School nursing was a new idea in this country at that time. The first nurse ever employed for school nursing in the United States was employed

in 1902.

In 1945, the Superintendent of Schools was made responsible for the health services of all children in public schools, and the City Health Department Medical Director for the health services of all children in all of the parochial schools of the Archdiocese of New Orleans.

In 1949, a survey of the existing school health services was made by an out-of-town survey team. The survey was conducted because of the findings of the Selective Service System after World War II in the examination of men for induction into the Armed Services. Because of the rejection rate at that time, a strong public interest was developed in the health of the school child.

It was felt with the newer concept of school health being developed, new techniques introduced, and the health conditions entirely changed; there was a need to review the school health services in New Orleans. Additional changes have been made from time to time within the program, each designed to improve the health of the school child.(21)

It was of interest to the writer, an Army Health Nurse, to try to ascertain if young men who had been rejected for the Armed Services had had school health services relative to their problem adequate enough to prevent the condition from worsening. There is no research study known to this writer

that is related to this problem.

#### **THE STUDY**

The purpose of this study was to determine what relationship exists, if any, between the school health experience received and the present health problems of a selected group of young men found medically unqualified for military service who had attended New Orleans schools during their youth. Specific hypotheses to be tested were: one, that there is an inverse relationship between adequate school health services and the present chronic health conditions in young men unqualified for military service; and two, there is an inverse relationship between the amount of health education received during the rejectees' school experiences and their present perception of their health status.

Objectives of the study were: one, discovering the present health problem that caused rejection and how long it had been in existence; two, ascertaining the medical assistance received for the health condition; and three, determining the school health experience of the rejectees.

Three assumptions were made relative to the study. The first one was that an adequate school health service assists families in obtaining assistance to correct their children's defects. The second one was that health education is a major component of the school nurse's activities.

8.

Thirdly, school nursing requires participation and interaction on the part of school personnel, the school nurse, parents, children, and the community.(3)

Limitations recognized at the onset of the study included the fact that it would be limited only to Orleans Parish, Louisiana; therefore, the results might not be representative of any other area. Respondents were not to be chosen randomly, but rather on the basis of being willing to cooperate with the study. The reason for this method of selection was an administrative decision made within the Louisiana State Board of Health. A few of the interviews were to be conducted by another nurse other than the investigator; therefore, it was recognized that judgments would enter into the recording of those items on the questionnaire requiring judgment on the part of the interviewer. A major factor known to be limiting is that memory is a factor in recall of experience, and the study design called for respondents to remember selected facts. Memory, in addition, implies knowledge gained in the past. There was no way for the investigator to be certain the respondents would have ever known the answers to the questions asked.

The following definitions were used throughout the study:

Rejectees: Young men, either draftees or enlistees,

who were found unqualified for military service for health reasons.

Armed Forces Examining Station: The area to which men come for their medical examination prior to induction into the service, hereafter referred to as AFES.

Designated Community Agency Nurse: The public health nurse assigned by the Louisiana State Board of Health to the New Orleans area of the Armed Forces Examination Service Project, hereafter referred to as the DCA Nurse.

Health Referral Service Supervising Nurse: The public health nurse supervisor of the Armed Forces Examination Service Project at the examining center in New Orleans, hereafter referred to as the HRS Nurse.

The geographical area selected was New Orleans, Louisiana.

This area was chosen for two reasons. The first reason was its proximity to the school for the investigator; the second one being the fact that New Orleans is the only city in Louisiana with a specialized school health nursing service.

Data were collected from two sources; one was by interview with a group of rejectees; the other was through examination of respondents' school health records, when these were available.

A questionnaire was distributed to the men in the study. In gathering data during the interview, the investigator used both open-ended and closed responses. Questions were:

The respondents were chosen in the following manner. A decision was made at the beginning of the study to limit the number to thirty due to the fact that the investigator was a full-time graduate student. The DCA Supervising Nurse selected names from her records on the basis of her own knowledge of the man's willingness to cooperate with her staff personnel; the history of his having attended school during his youth in New Orleans; his present residence as being New Orleans; and the number were equally divided into white and non-white men. Whenever a man whose name had been selected refused or was unable to cooperate with the study, the DCA Supervising Nurse selected an additional name. In all, thirty-five names were drawn that met the above criteria.

Prior to the home visit a telephone call was made by the investigator to the man's home in order to secure his cooperation with the study. Two men refused at this point, so additional names were secured. When the visit was made, if the man was not at home, data were gathered from his mother, or the person with whom he had lived most of his life. The DCA Nurse accompanied the investigator on all visits, per prior agreement with administration of the Louisiana State



Board of Health. The DCA Nurse made several home visits without the investigator due to the fact that she had a heavy schedule, and it was thought necessary to finish with this project as rapidly as possible.

Interviews were conducted using the prepared schedule during March, 1966. The fact that the DCA nurse accompanied the investigator on the home visit proved to be of tremendous time-saving value because she knew the geographical area and the respondents.

Following each home visit, the data obtained were checked against the AFES record for accuracy of response. The entire group of thirty records was checked in this manner by the investigator.

A letter was written to the Superintendent of Schools, Orleans Parish School Board, requesting permission to examine health records of the respondents. Permission was granted, and the Supervisor of Nurses of the agency cooperated by searching files for each respondent's record. The intent at this point of the study was for the investigator to compare the findings on the school health records with data gathered during the interviews. This is the point at which a major design fault was discovered. Criteria for the sample did not include a criterion stipulating that the men had attended a New Orleans' public school. It was known previously to the

investigator that many of the Catholic schools did not use the City Health Department's Public Health Nursing Service, so it would have been impossible to secure records in any uniform way from the source. The investigator had planned to visit only men who had attended New Orleans public schools.

Data were classified into tables and analyzed. Because the group was not randomly selected, no valid tests of significance could be applied to the data. A summary, recommendations for further study, and conclusions were written.

## DISCUSSION OF FINDINGS:

Twenty-three home visits were made by the investigator and the DCA Nurse together with the investigator conducting the interview. The DCA Nurse visited nine homes alone. The same interview guide was followed. This occurred after the first twenty-three visits, so it was felt that the DCA Nurse conducted the interview in the same manner as the previous ones had been conducted.

Table I describes educational background of the respondents and their parents. (Appendix B) Exactly one-half (15) of the men had had between eight and eleven years of schooling, eleven had finished high school, three had attended college, but only one stated he had had less than eight years of schooling. This finding, no doubt, reflects Louisiana's compulsory school attendance law that requires school attendance until either the eighth grade is completed or age sixteen is reached. The one respondent who only went through the seventh grade had for his diagnosis "a probable hypo-pituitary sexual and physical immaturity." On the average the mothers of the respondents had a higher level of education than the fathers, although three of the fathers had attended college, whereas not any of the mothers had done so.

Table II describes the parents' occupation of the respondents. (Appendix B) One-third (10) of the mothers worked at manual labor, seven of these being in the non-white



of the group (9) reported not having had a school nurse. One respondent stated they had attended New Orleans' public schools. This finding was almost evenly divided by race. Since all New Orleans' public schools have school nursing service, although the amount is considerably less in the higher grades than in the lower, this finding can best be explained by the fact that the question depended on memory.

Table V revealed the finding that even though fifteen of the respondents recalled having had a nurse in their school, only four remembered that she had "helped" them. (Appendix B) When given the opportunity to elaborate, these four all gave the same answer, "She gave me shots." One stated that she had also tested his eyes and ears.

Table VI indicates the type of school health service recalled as having been received by the respondents. (Appendix B) Approximately one-half of the respondents recalled receiving each of the services listed in the table.

One third of the respondents (10) recalled having had a chronic illness during their school years. (Table VII, Appendix B) All but one of these stated he had received medical treatment for it prior to the interview. It is interesting that this corresponds with the President's Task Force Report in which it was stated, "One-third of all young men in the nation would be found unqualified if they were to be examined

for induction into the Armed Forces....A considerable number of young persons....manage to reach young adulthood with uncorrected deficiencies." (18)

When asked if they knew why they had been rejected for military service, only one did not know the reason. (Table VIII, Appendix B) This respondent's diagnosis was "borderline psychoneurosis."

Over two-thirds of the group (13) reported that the HRS Supervising Nurse had been the person who had explained to them the reason for their rejection. This, of course, is one of the major reasons a nurse had been made available to these men at the examining station.

As was noted in Table VII, ten respondents knew they had had a chronic illness during their school years. But when these young men were questioned as to when they learned about their present problem, sixteen respondents said they had known about it for two years or longer. (Table IX, Appendix B) This finding may mean that the wording on the questionnaire was ambiguous because there is a discrepancy between the number who reported a chronic illness (Table VII) and the number who reported knowing they had had a problem longer than two years.

Only one respondent reported accurately his present chronic illness as ascertained by checking his interview response with the AFES record.

Table X classified the diagnoses of the respondents as obtained from the AFES records. (Appendix A) Several of the respondents had more than one diagnosis. The largest number of diagnoses fell into the category of "Eye Disease and Defect." The next two highest categories reported were "Tonsils and Organs of Movement Disease and Defects" and "Circulatory System Disease." In a recent newspaper report the *Times-Picayune* of New Orleans reported "Circulatory System Diseases" as the number one medical cause of rejection, "Eye Diseases and Defects" ranked second, and "Alcoholity" and "Ear Defects" ranked third place, whereas, "Tonsil Defects" were in fourth place.

Table XI describes how long respondents had known their selected defects. (Appendix B) These particular defects were classified separately because these are diagnoses that could have been discovered had there been adequate school health services available. Nineteen of the respondents in Folio 22 reported having had vision screening during their schooling; twelve respondents in the group had a diagnosis of "Eye Disease or Defect." One wonders if this diagnosis would have been made had adequate health follow-up been available to the man while he was still in school. The same speculation could be made on the other diagnoses.

One of the purposes of the AFES project is to encourage the rejectees to secure medical supervision for their health

problems. Table XII describes the status of each of the thirds (19) of the group who followed this advice. (Appendix C) The nineteen year old non-white man presently in the hospital was rejected at the AFES center for a blood pressure reading of 270/150. In the hospital it was discovered he had a severe kidney complication. His sister told the interviewer that he had not been feeling well for over a year but did not seek help. Could this young man have been helped sooner? It is interesting to note that although four had been rejected for "Obesity", two of the men who had sought medical assistance for this condition were discharged by their physicians as not needing further medical care even though the "obesity" condition appeared to be apparent at the present time by the interviewer.

Because it was thought by the investigator that there would be a relationship between health education and the present health status, the respondents were asked if they recalled having had any health education at school, and if so, by whom was it given. Table XIII describes these findings. (Appendix D) Approximately two-thirds of the group (10 and 10 respectively) recalled some form of health education. Although not reported in tabular form, the respondents were asked what topic they remembered having heard; the greater number recalled "Accident Prevention." Since a school nurse's function is to assist



En 2014, les dépenses de santé ont augmenté de 1,2 % par rapport à 2013, et les dépenses de santé par habitant ont augmenté de 1,2 % par rapport à 2013.

[illegible]

The little system is an Army Department project, and is of interest in that it is the responsibility of the Army on entering the Armed Services. At first, it was thought that young men would be happy to be referred. But in 1946, in the responses of this group, respondents said in letters that to note that 30 per cent of the generation of 1946, four, however, wish to originate their own service. It was actually said to prove that the service was into the service.

the Inspector and had the following:

The majority of respondents stated that they ate breakfast before going to school and had eaten some at school. One non-white respondent stated he did not eat breakfast at all and one non-white and one white man stated that they ate for breakfast only "a doughnut or roll and coffee." According to Professor Barthorn, "The traditional breakfast is not necessarily a balanced one. Anything eaten for breakfast is better than nothing." She continues, "tuna fish salad sandwich, waffles, pork chops, or peanut butter would be nutritionally satisfactory for breakfast if fruit or milk were added." [7] On the basis of this, the latter two young

men did not have an adequate breakfast.

The respondents were asked to recall whether they had had immunizations at school and if so, what kind. Even though smallpox vaccination is compulsory for school attendance, only seventeen of the thirty respondents reported having had it.

The respondents were asked whether they had ever received first aid at school, and if so, who had administered it. Eleven of the group, about one-third, responded affirmatively and ten of these said, "A teacher gave it to me." Among the reasons given for this treatment was a fractured leg, wrist, and skull; laceration of the head, epistaxis, and a hemorrhage from a throat tumor.

It was interesting to the interviewer, as well as professionally satisfying, at the time of the interview to have several of the young men's mothers tell her that they hoped this study would be helpful to young men in the future.

After all of the interviews had been completed, the New Orleans School Board was asked to permit the investigator to review the health records of the respondents who had attended public schools. Table IV describes the type of school attended by the respondents, nine of whom had attended a Catholic school leaving only twenty-one who could possibly have had a public school record. After the school board supervisor had searched the files, only one record was located. The nursing supervisor

explained this by saying that because of a shortage of nursing manpower, records were not kept for students in the higher grades. The record for the one respondent, a non-white young man, revealed that he had had a physical examination in the second grade. The only defect found was "decayed teeth." His AFES record revealed that he had a refractive error and a hearing loss. The investigator wonders how early these might have been discovered had he had more school nursing services.

#### SUMMARY, CONCLUSION, AND RECOMMENDATIONS

The purpose of this study was to determine what relationship exists between the school health experiences received and the present health problems of a selected group of young men found medically unqualified for military service. The study contained two hypotheses. The first was that there is an inverse relationship between adequate school health services and the present chronic health conditions in rejectees. Although the group did not meet criteria for statistical tests of significance, the findings support this hypothesis in the expected direction. The second hypothesis was that there is an inverse relationship between the amount of health education received during the rejectee's school experience and his present perception of his health status. The data did not support this hypothesis because two-thirds of the group reported having had health education while at school whereas only one respondent

of the entire group of thirty men knew his accurate diagnosis which was epilepsy. This finding, of course, does not directly relate to this hypothesis, but it does appear to be indirectly related.

One of the objectives of the study was to ascertain the present health problem that caused rejection and how long it had been in existence. For the thirty men in the group, sixteen separate diagnoses were applicable. Some of the men, however, had more than one diagnosis. The length of time these conditions had been in existence varied from one year to more than five. Only one respondent stated he had not known of his present condition prior to his examination at the AFES center.

A second objective of the study was to find out whether medical assistance has been received for the condition or not. Only two-thirds (19) of the respondents had followed the advice of the HRS Nurse and obtained medical assistance. One of these men was discovered by the interviewer to be now in the hospital seriously ill with a kidney complication.

The third objective of the study was to determine the school health experience of the rejectees. For the thirty men studied, only one school health record was available; therefore, this study did not meet this objective adequately.

The group studied consisted of thirty young men rejected for military service who had attended New Orleans schools.

The diagnosis most frequently reported for them was "Eye Defects and Disease." This finding is one of interest to school nurses because vision testing is a major part of most school health programs.

Data were collected by interviews, and examination of school health records, and these were compared with findings on the AFES records. Only one school health record was available for comparative purposes. This school record stated that the man had had a physical examination in second grade and had had "carious teeth." His AFES record revealed impaired vision and hearing.

Bias was introduced into this study in several ways. One method was that the respondents were not selected randomly. This was due to an administrative decision made within the Louisiana State Board of Health. Because of this, however, statistical tests of significance could not be applied to the data. Another source of bias was introduced through the fact that two interviewers conducted the visits separately. The instrument required interviewer judgment so separate judgments entered into the study. In addition it was discovered early in the study that respondents thought the interviewers were from the draft board even though this was explained to them as not being so. The DCA Nurse wore a nursing uniform and the respondents recognized her as being the nurse from the

examining center.

A major limitation of the study is that the subjects were not screened prior to the interview for attendance at a New Orleans public school. Unfortunately none of the subjects had attended a Catholic school, and no health record was available for them.

It is recommended that another study of this type be attempted that only one interviewer collect the data and that this be a person not connected with the HEPA center. Another recommendation is that a sample be randomly selected of those who attended school where a health service was known to have been available. In addition, the instrument would be more useful if closed responses were provided for rather than open-ended ones. For an exploratory study, open-ended responses are useful; therefore, this was not considered a limitation for this particular study.

This study has not yielded a great deal of useful information; the method, however, is thought to be useful in ascertaining the relationship between school health services and the present high rejection rate. The study did reveal findings that appear to show that a relationship exists between these two variables. A study could be designed that did not depend on memory of the respondents for data. This would contribute to more reliable and valid findings.

6.

Questions for further study include the following:

1) Does health education given at school affect a person's chronic health condition, and if so, who is the "effective" instructor? 2) What would be the ratio of a school nurse to pupils in order that the functions of a school nurse as described by the nursing profession be carried out adequately? (1)

In the words of the late President Kennedy, "A young man who does not have what it takes to perform military service is not likely to have what it takes to earn a living. Today's military rejects are tomorrow's hard-core unemployed."

**A STUDY OF SCHOOL HEALTH TEACHERS' EXPERIENCES OF THE YOUNG AND  
UNQUALIFIED FOR MILITARY SERVICE**

**QUESTIONNAIRE**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME OF LAST SCHOOL ATTENDED \_\_\_\_\_

**I. School Set Up**

1. Was there a school nurse at the school or schools you attended?

Yes ( ) No ( ) If yes, at which school?

a. Elementary School ( ) c. High School ( )  
b. Jr. High School

2. If there was, did she help you? Yes ( ) No ( ) If yes, while you attended:

a. Elementary School ( ) b. Jr. High School ( ) High School

3. If she helped you, do you recall what she did for you? \_\_\_\_\_

4. Did you receive first aid? (Ex. small cut, bloody nose, etc.) while at school? A. Yes ( ) B. No ( ) C. Can't remember ( )

5. If so, by whom and what happened to you? \_\_\_\_\_

6. Did you ever become suddenly ill while at school?

a. Yes ( ) b. No ( ) c. Don't Remember ( )

7. If yes, can you describe what happened to you? \_\_\_\_\_

8. Who took care of you and what did they do for you? \_\_\_\_\_

**II. GENERAL HEALTH WHILE AT SCHOOL**

1. Did you have a chronic illness (Ex. rheumatic fever, asthma) while attending school? a. Yes ( ) b. No ( ) c. Don't remember ( )

2. If yes, what was it and were you under treatment for your problem? \_\_\_\_\_



3. Did a school nurse or public health nurse visit you at home during the time you attended school? Yes ( )  
b. No ( ) c. Don't remember ( )
4. If yes, do you remember the reason for her visit?  
\_\_\_\_\_
5. Did you usually eat lunch at school?  
a. Yes ( ) b. No ( )
6. If yes, did you eat primarily:  
a. In the school cafeteria ( ) b. Bring your lunch ( )  
c. Other ( )
7. Did you usually eat breakfast before going to school?  
a. Yes ( ) b. No ( ) c. Other ( )
8. If yes, what did you usually eat?  
\_\_\_\_\_
9. Were you out of school due to illness often?  
a. Yes ( ) b. No ( ) c. Don't remember ( )
10. If yes, can you remember approximately the amount of time you missed school?  
\_\_\_\_\_

### III. REASON FOR NON-RESPONSE TO SERVICE

1. Do you know the reason why you were not taken into the service? a. Yes ( ) b. No ( )
2. If yes, what was the reason?  
\_\_\_\_\_
3. What were you told at the Armed Forces Examining Station about your problem?  
a. By the doctor  
b. By the nurse
4. How long has this present health problem been known to you or your family?  
a. One year ( ) d. More than 3 years ( )  
b. Two or three years ( ) e. Don't know  
c. Four or five years ( )
5. Did the nurse at the Armed Forces Examining Station discuss your present problem with you? a. Yes ( ) b. No ( )
6. What suggestions did the nurse give you about this problem?  
\_\_\_\_\_

7. Have you had an opportunity to follow the suggestions the nurse gave you at the Armed Forces Examining Station?  
Yes ( ) No ( )
8. If yes, what have you done? \_\_\_\_\_
9. Are you still under a doctor's care? \_\_\_\_\_
10. If no, what are your plans? \_\_\_\_\_
11. How do you feel about this problem? \_\_\_\_\_
12. What does this mean to you? \_\_\_\_\_

#### IV. HEALTH APPRAISALS

1. Did you ever have your eyes checked at school? a. Yes ( )  
b. No ( )
2. If yes, was it:  
a. Frequently (yearly) ( )                      d. Seldom (once) ( )  
b. Often (every two years) ( )                  e. Don't remember ( )  
c. Occasionally (every 3-4 years) ( )
3. How were they tested? \_\_\_\_\_
4. Who did the testing? a. Nurse ( ) b. Teacher ( ) c. Other \_\_\_\_\_
5. Did you have your eyes checked by your own doctor?  
a. Yes ( ) b. No ( ) c. Other ( )
6. Did you have your ears tested at school? a. Yes ( ) b. No ( )  
If yes, was it:  
a. Frequently (yearly) ( )                      d. Seldom (once) ( )  
b. Often (every 2 years) ( )                  e. Don't know ( )  
c. Occasionally (every 3-4 years) ( )
7. Did you have your height and weight checked while attending school?  
a. Yes ( ) b. No ( ) If yes, was it:  
a. Frequently (yearly) ( )                      d. Seldom (once) ( )  
b. Often (every two years) ( )                  e. Don't know ( )  
c. Occasionally (every 3-4 years) ( )
8. Were you given a medical examination during the years you were in school? a. Yes ( ) b. No ( )

9. If yes, was it: a. It scared ( ) b. It gave you some ideas ( )  
c. Both ( )
10. If yes, how often was this done:  
a. Frequently (yearly) ( ) d. Seldom ( )  
b. Often (every two years) ( ) e. Other ( )  
c. Occasionally (every 3-4 years) ( )
11. Did you have a skin test for tbc. while at school? Yes \_\_\_\_\_  
No \_\_\_\_\_ Not sure \_\_\_\_\_ Other \_\_\_\_\_
12. Can you describe what happened? \_\_\_\_\_
13. Were you given immunizations (shots) at school? Yes ( )  
No ( ) Elsewhere ( ) Don't recall ( )
14. If yes, do you recall if you received:  
Smallpox ( ) Typhoid ( ) Tetanus ( ) Polio ( )
15. Did you have a dental check at school?  
Yes ( ) No ( ) Elsewhere ( ) Don't recall ( )

#### V. HEALTH EDUCATION

1. Were health talks given at your school at the ( )? a. No ( )
2. If yes, were they given by:  
a. The nurse ( ) c. Physical Education Teacher ( )  
b. The teacher ( ) d. Other ( )
3. If health talks were given, what do you remember about the subject? \_\_\_\_\_
4. Were health advice shown in your school?  
a. Yes ( ) b. No ( ) c. Don't remember ( )
5. If yes, what do you remember seeing? \_\_\_\_\_

#### IV. GENERAL

1. What was the last grade you completed in school? \_\_\_\_\_
2. What was the last grade your father completed in school? \_\_\_\_\_
3. What was the last grade your mother completed in school? \_\_\_\_\_
4. What did your father do (type of work) when you were going to school? \_\_\_\_\_
5. What did your mother do (work outside of home) when you were going to school? \_\_\_\_\_

6. About how much money did your family receive when you were a child each month?
7. Have you always lived in New Orleans? If not, where?

Table I. Respondents By Years Of School Completed, By Race, And Median Parents' Years Of School Completed, New Orleans, 1965.

Respondents' Years of School Completed	Total Respondents	PARENTS YEARS OF SCHOOL COMPLETED							
		Mother				Father			
		8-11	12 with diploma	12	un-known	8-11	12 with diploma	12	un-known
<b>White</b>									
Greater than 8	0	0	0	0	0	0	0	0	0
8-11	5	1	1	0	1	1	2	0	1
12 with diploma	8	1	3	0	0	1	1	1	1
Greater than 12	2	0	2	0	0	0	0	0	1
Total	15	2	6	0	1	3	3	1	3
<b>Non-white</b>									
Greater than 8	1	0	1	0	0	0	0	0	0
8-11	10	3	1	0	1	2	1	2	2
12 with diploma	3	0	1	0	0	0	0	0	2
Greater than 12	1	0	0	0	0	0	0	0	0
Total	15	3	3	0	1	2	1	2	4
<b>Grand Total</b>	<b>30</b>	<b>5</b>	<b>9</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>7</b>

Table II. Respondents By Years of School Completed, By Race and Parents' Occupations, New Orleans, La. 1966.

Respondents' Years of School Completed	Total Respondents	PARENTS' OCCUPATIONS*							
		Mother				Father			
		M	S	H	O	M	S	H	O
<b>White</b>									
Greater than 8	0	0	0	0	0	0	0	0	0
8-11	6	3	1	0	2	3	0	1	2
12 with diploma	7	0	4	0	3	0	4	3	0
Greater than 12	2	0	1	0	1	0	2	0	0
<b>Total</b>	<b>15</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>4</b>	<b>2</b>
<b>Non-White</b>									
Greater than 8	1	0	0	0	1	1	0	0	0
8-11	10	5	0	0	5	5	3	1	1
12 with diploma	3	1	0	0	2	0	1	0	2
Greater than 12	1	1	0	0	0	0	0	0	1
<b>Total</b>	<b>15</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>4</b>
<b>Grand Total</b>									

\* M - manual

S - skilled

H - higher

O - other (refers to unknown, housewife, those expired, etc.)

Table III. Respondents By Years Of School Completed, By Race And Median Family Income During Respondents' Youth, New Orleans, Louisiana, 1966.

Respondents' Years of School Completed	Total Respondents	MEDIAN FAMILY INCOME DURING RESPONDENTS' YOUTH				
		\$2400	\$2400	\$3600	\$7200	Unknown
			3600	7200		
<b>White</b>						
Greater than 8	0	0	0	0	0	0
8-11	6	2	1	1	0	2
12 with diploma	7	0	0	4	2	1
Greater than 12	2	0	0	0	1	1
<b>Total</b>	<b>15</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>4</b>
<b>Non-White</b>						
Greater than 8	1	1	0	0	0	0
8-11	9	5	1	3	0	0
12 with diploma	4	2	1	0	0	1
Greater than 12	1	0	0	0	0	1
<b>Total</b>	<b>15</b>	<b>8</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>2</b>
<b>Grand Total</b>	<b>30</b>	<b>10</b>	<b>3</b>	<b>8</b>	<b>3</b>	<b>6</b>

**Table IV. Respondents Classified By Type Of School Attended, By Race, And Whether They Recalled Having A School Nurse, New Orleans, Louisiana, 1966.**

Race	Total Respondents	TYPE OF SCHOOL			
		Catholic		Public	
		Yes	No	Yes	No
White	15	2	6	3	4
Non-white	15	1	0	9	5
Total	30	3	6	12	9

**Table V. Respondents Who Recalled Having A School Nurse Classified By Recall Of Help By Her, By Race, New Orleans, Louisiana, 1966**

Race	Total Respondents	Helped	Not Helped
White	5	0	5
Non-white	10	4	6
Total	15	4	11

Table VI. Respondent's Recall Of Type Of School Health Services Received, By Race, New Orleans, Louisiana, 1966.

RACE	TOTAL RESPONDENTS	TYPE OF SCHOOL HEALTH SERVICE RECALLED											
		Vision		Hearing		Ht.-wt.		Med		Ex. Tbc.		Test	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
White	15	10	5	6	9	10	5	10	5	5	7	8	6
Non-white	15	9	6	7	8	12	3	9	6	7	8	9	6
Total	30	19	11	13	17	22	8	19	11	14	16	18	12

Table VII. Respondents Who Recalled Having A Chronic Illness During Their School Years By Race And Medical Treatment Obtained, New Orleans, Louisiana, 1966

Race	Total Respondents	MEDICAL TREATMENT	
		Yes	No
White	6	6	0
Non-white	4	3	1
Total	10	9	1



**Table VIII. Respondents Who Knew Why They Were Not Accepted Into The Armed Services, By Race And Medical Treatment Obtained, New Orleans, Louisiana, 1966**

Race	Total Respondents	INTERPRETER	
		AFES Doctor+ HRS Nurse	HRS Nurse Alone
White	15	3	12
Non-white*	14	3	11
Total	29	6	23

\* One respondent did not know why he was rejected. His diagnosis was "anxiety-psychoneurosis."

**Table IX. Number Of Years Present Health Problem Known To Respondent, By Race, New Orleans, Louisiana, 1966.**

Race	Total Respondents	YEARS PROBLEM KNOWN				
		1	2-3	4-5	5	Unknown
White	15	1	4	0	7	3
Non-white	15	3	1	0	4	7
Total	30	4	5	0	11	10

Table X. Diagnoses Of Respondents By Race, New Orleans, Louisiana, 1966.

DIAGNOSIS	*TOTAL RESPONDENTS	RACE	
		White	Non-white
Bones and Organs of Movement			
Diseases and Defects	7	2	5
Psychiatric Disorders	2	1	1
Circulatory System Diseases	7	4	3
Eye Disease and Defect	12	8	4
Ear Defect	3	1	2
Allergic Disorder	3	1	2
Neurological	1	1	0
Congenital Malformation	1	1	0
Endocrine System Disease	1	0	1
Skin Disease	4	3	1
G.U. System Diseases	3	1	2
Respiratory System Disease (non-tbc.)	1	1	0
Obesity	4	2	2
Hernia	3	1	2
Severe Stutterer	1	1	0

\* Some Respondents had more than one diagnosis.

Table XI. Selected Diagnosis Of Respondents By Years Known, New Orleans, Louisiana, 1966

Diagnosis	Number Of Respondents By Years Known					Total Defects
	1	2-3	4-5	5	Unknown	
Bones & Organs of Movement Disease & Defect	2	0	0	1	4	7
Circulatory System Diseases	2	0	0	0	5	7
Ear Defects	0	1	0	1	1	3
Eye Diseases & Defects	1	3	0	5	3	12
Obesity	1	0	0	3	0	4

**Table XII. Respondents Who Followed Advice Of HRS Nurse, By Race And By Status Of Medical Follow-up, New Orleans, Louisiana, 1966.**

Race	Total Respondents	MEDICAL STATUS		
		Out-patient	Hospital	Problem Corrected
White	11	7	0	4
Non-white	8	4	1	3*
Total	19	11	1	7

\* Two were rejected for obesity. Doctor did not advise continued medical care for the condition.

**Table XIII. Type Of Health Education Received By Respondents During Their School Years By "Instructor." New Orleans, Louisiana 1965.**

Instructor	NUMBER OF RESPONDENTS RECALLING HEALTH EDUCATION	
	Talk	Film
1. School Nurse	2	0
2. Teacher	17	18
TOTAL	19	18

**Table XIV. Respondents' Feelings About Entering The Armed Services, By Race, New Orleans, Louisiana, 1966.**

Statements	Total Response	RACE	
		White	Non-white
Wanted to go into service	15	7	8
Glad problem kept him out of service	3	2	1
Not interested in service stated by:			
(1) Mother	5	2	3
(2) Aunt	1	1	0
Concerned since he wants to complete:			
(1) High School	2	1	1
(2) College	2	1	1
No comment	2	1	1
<b>Total</b>	<b>30</b>	<b>15</b>	<b>15</b>

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